

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

154

618

1. PLACE OF BIRTH

County

Gila

State

ARIZONA

District or Township

or Village

City

MIAMI ARIZONA

No.

711 Church Hill

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Maximiliano Miranda

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

male

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

yes

7. Date

of birth

Nov 18 1930
Month Day Year

8.

FATHER

Full name

Jose Miranda

9. Residence

(Usual place of abode)

If non-resident, give place and state.

10. Color or race

Mexican

11. Age at last birthday

42

(Years)

12. Birthplace (city or place)

(State or country)

Mexico

13. Occupation

miner

Nature of Industry

Copper

14.

MOTHER

Full maiden name

Tomasita Cuevas

15. Residence

(Usual place of abode)

MIAMI ARIZONA

If non-resident, give place and state.

16. Color or race

Mexican

17. Age at last birthday

23

(Years)

18. Birthplace (city or place)

(State or country)

Mexico

19. Occupation

Housewife

Nature of Industry

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.)

(a) Born alive and now living

5

(b) Born alive but now dead

0

(c) Stillborn

0

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn)

alive

at 12:05 A.M.

on the date above stated.

Signature

F. F. Miller

F. F. MILLER, M.D.

(Physician or midwife.)

Given name added from
a supplemental report

Address

MIAMI ARIZONA

Month, day, year

Filed

Nov 30, 1930

Registrar.

Registrar.

441-1118-332